

ANNUAL STATEMENT

For the Year Ending December 31, 2009 OF THE CONDITION AND AFFAIRS OF THE

DC CHARTERED HEALTH PLAN, INC.

NAIC Group Code	0000	, 0000	NAIC Company Code	95748	Employer's ID Number	52-1492499
	(Current Period)	(Prior Period)				
Organized under the Laws	of	District of Columbia	, State of Domi	cile or Port of Entry	District of	of Columbia
Country of Domicile		United States of America				
Licensed as business type	: Life, Accident & F Dental Service Co Other[]	orporation[] Vision	rty/Casualty[] Service Corporation[] O Federally Qualified? Yes[] N	Health M	Medical & Dental Service or Inc aintenance Organization[X]	lemnity[]
Incorporated/Organized		09/12/1986	Comme	enced Business	09/12/198	6
Statutory Home Office		1025 15TH STREET NW	,		WASHINGTON, DC 20005-26	601
Main Administrative Office		(Street and Number)	1025 15TH	STREET NW	(City or Town, State and Zip Code	9)
	WACIII	NOTON DO 20005 2604	(Street a	nd Number)	(202)409.4720	
		NGTON, DC 20005-2601 own, State and Zip Code)			(202)408-4720 (Area Code) (Telephone Num	iber)
Mail Address	(Oily of Te	1025 15TH STREET NW			WASHINGTON, DC 2005-26	,
		(Street and Number or P.O. Box	()		(City or Town, State and Zip Code	
Primary Location of Books	and Records			15TH STREET NW Street and Number)		
	WASHING	STON, DC 20005-2601	(3	street and Number)	(202)408-3973	
		own, State and Zip Code)			(Area Code) (Telephone Num	iber)
Internet Website Address		www.chartered-health.c	com			
Statutory Statement Conta	ct	GABRIEL JOSEPH HAN	JNΙΔ		(202)408-3973	
Statutory Statement Conta		(Name)	NIVA		(Area Code)(Telephone Number)(E	extension)
	ghanna@	chartered-health.com			(202)289-6642	,
	(E-Mail Address)			(Fax Number)	
County of The officers of this reporting ent were the absolute property of the contained, annexed or referred deductions therefrom for the pernay differ; or, (2) that state rules furthermore, the scope of this a	JEFFERE MYRTLE WILLIAM of Columbia sty being duly sworn, each e said reporting entity, freo, is a full and true staten iod ended, and have bee or regulations require dittestation by the describe	ARD WATKINS, COO S SMITH, SVP, HEALTH PLANS DIRECT Y EARL THOMPSON ROSALIND GOMEZ JEFFREY STRUDWICK As a depose and say that they are the dee and clear from any liens or claims the nent of all the assets and liabilities and completed in accordance with the N fferences in reporting not related to ad d officers also includes the related co	HANNA President & CEO Acting, Chief Fina VICE PRESIDENT SRVS CTORS OR TRUST	LAVDENA A EES JOHNNIE BROOKS NICHOLAS GEORG Intity, and that on the repeated this statement, toge id reporting entity as of a decounting Practices according to the best of the JAIC, when required, the	corting period stated above, all of the ther with related exhibits, schedules a the reporting period stated above, an and Procedures manual except to the heir information, knowledge and belie	and explanations therein d of its income and e extent that: (1) state law ef, respectively.
	_	a. ls th	(Signature) (Printed Name) 2. Secretary (Title) his an original filing? c, 1. State the amendment of the second		(Signature) JOE NEIL LOWR (Printed Name) 3. Chief Financial Off (Title) Yes[X] No[]	

(Notary Public Signature)

ASSETS

	Add		Current Year		Prior Year
		1	2	3	1 HOLLEGI
		ľ	2	Net Admitted	4
		Assets	Nonadmitted Assets	Assets (Cols.1-2)	Net Admitted Assets
1.	Bonds (Schedule D)			,	
2.	Stocks (Schedule D)				
	2.1 Preferred stocks				
	2.2 Common Stocks				
3.	Mortgage loans on real estate (Schedule B):				
3.	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate (Schedule A): 4.1 Properties occupied by the company (less \$0 encumbrances)				
	4.2 Properties held for the production of income (less \$0 encumbrances)				
	4.3 Properties held for sale (less \$0 encumbrances)				
5.	Cash (\$27,601,487 Schedule E Part 1), cash equivalents				
J.	(\$1,21,908 Schedule E Part 2) and short-term investments				
	,	20 024 444		20 024 444	24 207 005
	(\$0 Schedule DA)			1	
6.	Contract loans (including \$0 premium notes)				
7.	Other invested assets (Schedule BA)				
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Lines 1 to 9)	28,821,414		28,821,414	34,287,905
11.	Title plants less \$0 charged off (for Title insurers only)				
12.	Investment income due and accrued	30,410		30,410	58,363
13.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of				
	collection	3,722,234		3,722,234	8,375,721
	13.2 Deferred premiums, agents' balances and installments booked				
	but deferred and not yet due (Including \$0 earned but unbilled premiums)				
	13.3 Accrued retrospective premiums			642 026	
44					
14.	Reinsurance:	040.040		040.040	077 444
	14.1 Amounts recoverable from reinsurers				
	14.2 Funds held by or deposited with reinsured companies				
	14.3 Other amounts receivable under reinsurance contracts				
15.	Amounts receivable relating to uninsured plans				
16.1	Current federal and foreign income tax recoverable and interest thereon				
16.2	Net deferred tax asset	2,042,096	1,138,765	903,331	904,815
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software	799,506	698,107	101,398	160,761
19.	Furniture and equipment, including health care delivery assets				
	(\$0)	158,472	158,472		
20.	Net adjustment in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates				
22.	Health care (\$3,621,825) and other amounts receivable				
23.	Aggregate write-ins for other than invested assets				
24.	Total assets excluding Separate Accounts, Segregated Accounts and	2,000,421	2,000,421		
24.	Protected Cell Accounts (Lines 10 to 23)	E0 00E 00G	0 544 226	44 464 574	44 400 500
٥٦	· · · · · · · · · · · · · · · · · · ·	50,005,906	0,544,330	41,401,571 	44,409,522
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Total (Lines 24 and 25)	50,005,906	8,544,336	41,461,571	44,409,522
	ILS OF WRITE-INS	I	T	Г	Г
0902. 0903.					
	Summary of remaining write-ins for Line 9 from overflow page				
	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)				
	DEPOSITS				
1	PREPAID EXPENSES	821,811	821,811		
	GOODWILL				
	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	2,399,427	2,399,427		

LIABILITIES, CAPITAL AND SURPLUS

			Current Year		Prior Year	
		1 Covered	2 Uncovered	3 Total	4 Total	
1.	Claims unpaid (less \$0 reinsurance ceded)	25,352,718		25,352,718	21,254,321	
2.	Accrued medical incentive pool and bonus amounts					
3.	Unpaid claims adjustment expenses	760,582		760,582	637,630	
4.	Aggregate health policy reserves					
5.	Aggregate life policy reserves					
6.	Property/casualty unearned premium reserves	1 1				
7.	Aggregate health claim reserves	1 1				
8.	Premiums received in advance					
9.	General expenses due or accrued	1				
10.1	Current federal and foreign income tax payable and interest thereon (including \$0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1,000,100	
10.1	on realized capital gains (losses))					
10.2	Net deferred tax liability					
	·					
11.	Ceded reinsurance premiums payable	1				
12.	Amounts withheld or retained for the account of others	1				
13.	Remittances and items not allocated					
14.	Borrowed money (including \$0 current) and interest thereon \$0					
	(including \$0 current)	1				
15.	Amounts due to parent, subsidiaries and affiliates					
16.	Payable for securities					
17.	Funds held under reinsurance treaties with (\$0 authorized reinsurers and					
	\$0 unauthorized reinsurers)					
18.	Reinsurance in unauthorized companies					
19.	Net adjustments in assets and liabilities due to foreign exchange rates					
20.	Liability for amounts held under uninsured plans	4,514		4,514	688,039	
21.	Aggregate write-ins for other liabilities (including \$0 current)	78,503		78,503	393,716	
22.	TOTAL Liabilities (Lines 1 to 21)	27,701,886		27,701,886	24,685,162	
23.	Aggregate write-ins for special surplus funds	x x x	X X X			
24.	Common capital stock	x x x	X X X	100	100	
25.	Preferred capital stock	x x x	X X X			
26.	Gross paid in and contributed surplus					
27.	Surplus notes	x x x	X X X			
28.	Aggregate write-ins for other than special surplus funds	1				
29.	Unassigned funds (surplus)	1				
30.	Less treasury stock, at cost:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10,000,012	
00.	30.10 shares common (value included in Line 24 \$	YYY	YYY			
	30.20 shares preferred (value included in Line 25 \$	1				
21	TOTAL Capital and Surplus (Lines 23 to 29 minus Line 30)					
31.	·					
32.	TOTAL Liabilities, Capital and Surplus (Lines 22 and 31)		X X X	41,401,571	44,409,522	
2101.	UNCLAIMED CHECKS	78,503		78,503	393,716	
2102.		1				
2103.	O					
2198. 2199.	Summary of remaining write-ins for Line 21 from overflow page					
2301.	TO TALLO (Lines 2101 timough 2100 plus 2100) (Line 21 above)					
2302.						
2303.	0					
2398. 2399.	Summary of remaining write-ins for Line 23 from overflow page					
2801.	TOTALS (Lines 2501 tillough 2505 plus 2596) (Line 25 above)		X X X			
2802.			X X X			
2803.		1				
2898. 2899.	Summary of remaining write-ins for Line 28 from overflow page					
∠099.	TO TALO (LINES 2001 INIOUGH 2003 PIUS 2030) (LINE 20 above)	.	^ ^ Å			

STATEMENT OF REVENUE AND EXPENSES

		Curren		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	XXX	1,025,122	846,705
2.	Net premium income (including \$0 non-health premium income)	x x x	229,536,215	180,992,061
3.	Change in unearned premium reserves and reserve for rate credits	x x x		
4.	Fee-for-service (net of \$0 medical expenses)			
5.	Risk revenue			
6.	Aggregate write-ins for other health care related revenues	X X X		
7.	Aggregate write-ins for other non-health revenues			
8.	TOTAL Revenues (Lines 2 to 7)			
	al and Medical:		,,,,,,	,
9.	Hospital/medical benefits		88.999.492	64.389.391
10.	Other professional services			
11.	Outside referrals			
12.	Emergency room and out-of-area			
13.	Prescription drugs			
14.	Aggregate write-ins for other hospital and medical			
15.				
16.	Incentive pool, withhold adjustments and bonus amounts Subtotal (Lines 9 to 15)			
Less:	Sublotal (Lines 9 to 15)		213,142,313	132,331,317
	Netwing		ECO 0E0	FC0 7CC
17.	Net reinsurance recoveries			
18.	TOTAL Hospital and Medical (Lines 16 minus 17)			
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$5,257,375 cost containment expenses			
21.	General administrative expenses		18,047,136	19,269,063
22.	Increase in reserves for life and accident and health contracts (including \$0 increase in			
	reserves for life only)			
23.	TOTAL Underwriting Deductions (Lines 18 through 22)			
24.	Net underwriting gain or (loss) (Lines 8 minus 23)			
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)			
26.	Net realized capital gains (losses) less capital gains tax of \$0			
27.	Net investment gains (losses) (Lines 25 plus 26)		1,081,313	1,330,369
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered			
	\$0) (amount charged off \$0)]			
29.	Aggregate write-ins for other income or expenses		154,829	
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24			
	plus 27 plus 28 plus 29)	X X X	(8,751,670)	6,556,005
31.	Federal and foreign income taxes incurred	X X X	(3,281,722)	2,362,909
32.	Net income (loss) (Lines 30 minus 31)	X X X	(5,469,949)	4,193,095
DETAIL 0601.	S OF WRITE-INS	V V V		
0601.				
0603.		X X X		
0698. 0699.	Summary of remaining write-ins for Line 6 from overflow page			
0701.		2/2/2/		
0702.				
0703. 0798.	Summary of remaining write-ins for Line 7 from overflow page			
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401.	OTHER MEDICAL CLAIMS - DME		1,429,378	1,338,210
1402. 1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		1,429,378	1,338,210
2901. 2902.	ADMIN SERVICE FEE FOR AFFLIATED COMPANIES			
2903.				
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	19,724,361	21,619,762
34.	Net income or (loss) from Line 32	(5,469,949)	4,193,095
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$0		
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax	(21,497)	141,900
39.	Change in nonadmitted assets	(662,450)	(3,044,551)
40.	Change in unauthorized reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
	44.1 Paid in		
	44.2 Transferred from surplus (Stock Dividend)		
	44.3 Transferred to surplus		
45.	Surplus adjustments:		
	45.1 Paid in	0	0
	45.2 Transferred to capital (Stock Dividend)		
	45.3 Transferred from capital		
46.	Dividends to stockholders		(2,100,000)
47.	Aggregate write-ins for gains or (losses) in surplus	167,723	(1,085,845)
48.	Net change in capital and surplus (Lines 34 to 47)	(5,986,173)	(1,895,401)
49.	Capital and surplus end of reporting year (Line 33 plus 48)	13,738,188	19,724,361
DETAIL 4701.	LS OF WRITE-INS CORRECTION OF PRIOR PERIOD ACCOUNTING ERROR		(1 085 845)
4702. 4703.	CHANGE IN CAPITAL ASSETS & FIXED ASSET DEPRECIATION	167,723	
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	167,723	(1,085,845)

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE DC CHARTERED HEALTH PLAN, INC. CASH FLOW

САЗПГ	LOW	
	1 Current Year	2 Prior Year
Cash from Operations		
Premiums collected net of reinsurance	233,545,866	180,233,063
2. Net investment income		
3. Miscellaneous income		
4. Total (Lines 1 through 3)	234,655,132	182,088,271
Benefit and loss related payments	210,408,061	150,972,111
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cel	Accounts	
7. Commissions, expenses paid and aggregate write-ins for deductions	25,356,510	22,424,642
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on	capital gains (losses)	2,362,909
10. Total (Lines 5 through 9)	232,482,850	175,759,663
11. Net cash from operations (Line 4 minus Line 10)	2,172,282	6,328,608
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds		9,142,172
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term inves	tments	
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)		9,142,172
13. Cost of investments acquired (long-term only):		
13.1 Bonds		
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)		
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		9,142,172
Cash from Financing and Miscellaneous Source	es	
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		0
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)		
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minu		(5,943,598)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-		
18. Net change in cash, cash equivalents and short-term investments (Line 11, p	us Lines 15 and 17) (5,466,491)	9,527,182
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year		
19.2 End of year (Line 18 plus Line 19.1)	28,821,414	34,287,905

Note: Supplemental	Disclosures of C	ach Flow Informatio	on for Non Cach	Transactions:
Note, Supplemental	Disclusures of G	asii fiuw iiiiuiiiiaii	JII IUI NUII•Gasii	Hansachuns.

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	2	3	4	5	6	7	8	9	10
			Comprehensive	Ĭ			Federal	,		J	
			(Hospital				Employees	Title	Title		
			& &	Medicare	Dental	Vision	Health	XVIII	XIX	Other	Other
		Total	Medical)	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Health	Non-Health
1.	Net premium income	229,536,215		Сарріоніон	O.I.I.y	O.I.I.y	Bonone i ian	Modicalo	182.653.478	Tiodiai	Tron Floatar
2.	Change in unearned premium reserves and reserve for rate credit								102,000,110		
3.	Fee-for-service (net of \$ 0 medical expenses)										x x x
4.	Risk revenue										XXX
5.	Aggregate write-ins for other health care related revenues										x x x
6.	Aggregate write-ins for other non-health care related revenues		x x x	x x x	x x x	x x x	x x x	x x x	l x x x	X X X	1
7.	TOTAL Revenues (Lines 1 to 6)	229,536,215							182.653.478		
8.	Hospital/medical benefits	88,999,492							75,183,160		x x x
9.	Other professional services		17.067.560						1 ' ' 1		x x x
10.	Outside referrals										x x x
11.	Emergency room and out-of-area	32,344,046	4,549,082						27,794,964		xxx
12.	Prescription drugs	20,116,696							19,766,497		x x x
13.	Aggregate write-ins for other hospital and medical	1,429,378	578,583						850,795		x x x
14.	Incentive pool, withhold adjustments and bonus amounts										X X X
15.	Subtotal (Lines 8 to 14)	215,142,513	36,361,756						178,780,757		X X X
16.	Net reinsurance recoveries	569,252							569,252		X X X
17.	TOTAL Hospital and Medical (Lines 15 minus 16)	214,573,261	36,361,756						178,211,505		X X X
18.	Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19.	Claims adjustment expenses including \$5,257,375 cost										
	containment expenses	6,903,631	1,635,173						5,268,458		
20.	General administrative expenses	18,047,136	4,207,484						13,839,652		
21.	Increase in reserves for accident and health contracts										X X X
22.	Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23.	TOTAL Underwriting Deductions (Lines 17 to 22)	239,524,027	42,204,412						197,319,615		
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	(9,987,812)	4,678,325						(14,666,137)		
DETA	ILS OF WRITE-INS				•	•	•				
0501.											X X X
0502.											X X X
0503.											X X X
0598.	Summary of remaining write-ins for Line 5 from overflow page										X X X
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										X X X
0601.			X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602.			X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603.			X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698.	Summary of remaining write-ins for Line 6 from overflow page		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301.	OTHER MEDICAL CLAIMS - DME	1,429,378	578,583						850,795		X X X
1302.											X X X
1303.											X X X
1398.	Summary of remaining write-ins for Line 13 from overflow page									<u></u>	XXX
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)	1,429,378	578,583						850,795		X X X

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PART 1 - PREMIUMS

		1	2	3	4
				-	Net Premium
					Income
		Direct	Reinsurance	Reinsurance	(Columns
	Line of Business	Business	Assumed	Ceded	1 + 2 - 3)
1.	Comprehensive (hospital and medical)	47,005,514		122,777	46,882,737
2.	Medicare Supplement				
3.	Dental only				
4.	Vision only				
5.	Federal Employees Health Benefits Plan				
6.	Title XVIII - Medicare				
7.	Title XIX - Medicaid	183,808,398		1,154,920	182,653,478
8.	Other health				
9.	Health subtotal (Lines 1 through 8)	230,813,912		1,277,697	229,536,215
10.	Life				
11.	Property/casualty				
12.	TOTALS (Lines 9 to 11)	230,813,912		1,277,697	229,536,215

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)		Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
Payments during the year:	1000	a modical)	Cuppiomont	Oiny	Oin,	201101110 1 1dil	Modiodio	Modiodid	Hould	
1.1 Direct		37,237,807						177,428,133		
1.3 Reinsurance ceded								569,252		
1.4 Net	· · · · · · · · · · · · · · · · · · ·	37,237,807						176,858,881		
Paid medical incentive pools and bonuses										
Claim liability December 31, current year from Part 2A:										
3.1 Direct	25 352 718	1 032 100						21 320 600		ļ
3.2 Reinsurance assumed								21,020,000		
3.3 Reinsurance ceded										
3.4 Net		4,032,109								
4. Claim reserve December 31, current year from Part 2D:	25,552,710	4,002,100						21,020,003		
4.1 Direct										ļ
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
Accrued medical incentive pools and bonuses, current year										
Net healthcare receivables (a)								3,621,825		
7. Amounts recoverable from reinsurers December 31, current year .										
Claim liability December 31, prior year from Part 2A:										
8.1 Direct	21 254 220	1 000 161						16,346,159		
8.2 Reinsurance assumed								10,340,139		
8.3 Reinsurance ceded										
8.4 Net								16,346,159		
Claim reserve December 31, prior year from Part 2D:	21,234,320	4,900,101						10,340,139		
9.1 Direct 9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
				1						
9.4 Net										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:	015 140 540	26 264 756						178,780,758		ļ
12.1 Direct										
12.2 Reinsurance assumed	500.050									
12.3 Reinsurance ceded	569,252	20 204 752						569,252		
12.4 Net								178,211,505		
13. Incurred medical incentive pools and bonuses										

⁽a) Excludes \$.....0 loans or advances to providers not yet expensed.

9

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

1	2	3	4	5	6	7	8	9	10
	Compre-				Federal				
	hensive				Employees	Title	Title		
	(Hospital	Medicare	Dental	Vision	Health	XVIII	XIX	Other	Other
Total	& Medical)	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Health	Non-Health
							6,296,069		
6,612,697	316,627						6,296,069		
18,740,021	3,715,482						15,024,539		
							15,024,539		
25,352,718	4,032,109						21,320,609		
							21.320.609		
		hensive (Hospital & Medical) 6,612,697	Total hensive (Hospital & Medicare Supplement) 6,612,697	hensive (Hospital & Medicare Supplement Dental Only	Nensive (Hospital & Medicare Supplement Dental Only	hensive (Hospital & Medicare Supplement	hensive (Hospital & Medicare Supplement	hensive (Hospital & Medicare Supplement Dental Only	hensive (Hospital & Medicare Supplement

UNDERWRITING AND INVESTMENT EXHIBIT PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

				Claim Reser	ve and Claim	5	6
		Cla	ims	Liability De	cember 31		
		Paid Durin	g the Year	of Curre	ent Year		
		1	2	3	4		Estimated Claim
		On	On		On		Reserve and
	Line	Claims Incurred	Claims Incurred	On Claims Unpaid	Claims Incurred	Claims Incurred	Claim Liability
	of	Prior to January 1	During the	December 31 of	During the	in Prior Years	December 31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1 + 3)	Prior Year
1.	Comprehensive (hospital and medical)	2,930,051	34,307,756		4,032,109	2,930,051	4,908,161
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Vision only Federal Employees Health Benefits Plan Title XVIII - Medicare						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid	20,633,773	156,225,107		21,320,609	20,633,773	16,346,159
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	23,563,824	190,532,863		25,352,718	23,563,824	21,254,320
10.	Healthcare receivables (a)		3,621,825				
11.	Other non-health						
12.	Medical incentive pool and bonus amounts						
13.	TOTALS (Lines 9 - 10 + 11 + 12)	23,563,824	186,911,038		25,352,718	23,563,824	21,254,320

⁽a) Excludes \$.....0 loans or advances to providers not yet expensed.

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Grand Total

Section A - Paid Health Claims

	OUT I WAT TOWN OF THE PROPERTY								
		Cumulative Net Amounts Paid							
	Year in Which Losses	1	2	3	4	5			
	Were Incurred	2005	2006	2007	2008	2009			
1.	Prior	11,217	11,598	11,598	11,598	11,598			
2.	2005	67,943	79,253	79,295	79,295	79,295			
3.	2006	X X X	90,217	107,250	107,021	107,021			
4.	2007	X X X	X X X	118,169	133,967	133,967			
5.	2008	X X X	X X X	X X X	135,127	158,691			
6.	2009	X X X	X X X	X X X	X X X	186,911			

Section B - Incurred Health Claims

		, illouileu lie	aitii Oidiiiio					
		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool						
			and Bonu	ises Outstanding at Er	nd of Year			
	Year in Which Losses	1	2	3	4	5		
	Were Incurred	2005	2006	2007	2008	2009		
1.	Prior	6,109	11,598	11,598	11,598	11,598		
2.	2005	80,901	79,708	79,295	79,295	79,295		
3.	2006	X X X	109,457	107,301	107,021	107,021		
4.	2007	X X X	X X X	138,300	133,993	133,967		
5.	2008	X X X	X X X	X X X	156,355	158,691		
6.	2009	X X X	X X X	X X X	X X X	212,264		

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2005	98,681	79,295	3,561	4.491	82,856	83.963			82,856	83.963
2.	2006	131,198	107,021	3,858	3.605	110,878	84.512			110,878	84.512
3.	2007	165,104	133,967	4,776	3.565	138,743	84.034			138,743	84.034
4.	2008	180,992	158,691	7,310	4.606	166,001	91.717			166,001	91.717
5.	2009	229,536	186,911	18,173	9.723	205,084	89.347	25,353	761	231,198	100.724

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Hospital and Medical

Section A - Paid Health Claims

		•							
	Cumulative Net Amounts Paid								
Year in Which Losses	1	2	3	4	5				
Were Incurred	2005	2006	2007	2009					
Prior									
2005									
2006	X X X	15,373	21,232	20,999	20,999				
2007	X X X	XXX	37,068	42,559	42,559				
2008	X X X	X X X	X X X	34,169	37,099				
2009	X X X	X X X	x x x	x x x	34,308				
	Prior 2005 2006 2007 2008	Year in Which Losses 1 Were Incurred 2005 Prior	Year in Which Losses 1 2 Were Incurred 2005 2006 Prior 2005 2006 2005 XXX 15,373 2007 XXX XXX 2008 XXX XXX 2009 XXX XXX 2009 XXX XXX 2009 XXX XXX	Cumulative Net Amounts Year in Which Losses 1 2 3 Were Incurred 2005 2006 2007 Prior 2005 2006 2007 2006 XXX 15,373 21,232 2007 XXX XXX 37,068 2008 XXX XXX XXX 2009 XXX XXX XXX	Cumulative Net Amounts Paid Year in Which Losses				

Section B - Incurred Health Claims

		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool							
			and Bonu	ses Outstanding at Er	nd of Year				
	Year in Which Losses	1	2	3	4	5			
	Were Incurred	2005	2006	2007	2008	2009			
1.	Prior	77							
2.	2005								
3.	2006	X X X	23,422	21,232	20,999	20,999			
4.	2007	X X X	X X X	43,689	42,562	42,559			
5.	2008	X X X	X X X	X X X	39,074	37,099			
6.	2009	X X X	X X X	X X X	X X X	38,340			

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1) Percent
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2005										
2.	2006	28,506	20,999	1,270	6.048	22,269	78.122			22,269	78.122
3.	2007	59,080	42,559	1,482	3.482	44,041	74.545			44,041	74.545
4.	2008	51,043	37,099	1,758	4.738	38,857	76.126			38,857	76.126
5.	2009	46,883	34,308	4,260	12.417	38,568	82.265	4,032	121	42,721	91.123

12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare NONE

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Title XIX - Medicaid

Section A - Paid Health Claims

	Ocotion	A-I ala Heal	ii Oidiiio							
		Cumulative Net Amounts Paid								
	Year in Which Losses	1	2	3	4	5				
	Were Incurred	2005	2006	2007	2008	2009				
1.	Prior	11,217	11,598	11,598	11,598	11,598				
2.	2005	67,943	79,253	79,295	79,295	79,295				
3.	2006	X X X	74,843	86,017	86,021	86,021				
4.	2007	X X X	X X X	81,101	91,408	91,408				
5.	2008	X X X	X X X	XXX	100,958	121,592				
6.	2009	X X X	X X X	X X X	X X X	152,603				

Section B - Incurred Health Claims

	Gootion E	, illouiled lie	aitii Oidiiiio					
		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool						
and Bonuses Outstanding at End of Year								
	Year in Which Losses	1	2	3	4	5		
	Were Incurred	2005	2006	2007	2008	2009		
1.	Prior	6,032	11,598	11,598	11,598	11,598		
2.	2005	80,901	79,708	79,295	79,295	79,295		
3.	2006	X X X	86,034	86,068	86,021	86,021		
4.	2007	X X X	X X X	94,611	91,431	91,408		
5.	2008	X X X	X X X	X X X	117,281	121,592		
6.	2009	X X X	X X X	X X X	X X X	173,924		

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2005	98,681	79,295	3,561	4.491	82,856	83.963			82,856	83.963
2.	2006	102,692	86,021	2,588	3.008	88,609	86.286			88,609	86.286
3.	2007	106,024	91,408	3,294	3.604	94,702	89.321			94,702	89.321
4.	2008	129,949	121,592	5,552	4.566	127,144	97.841			127,144	97.841
5.	2009	182,653	152,603	13,913	9.117	166,516	91.165	21,321	640	188,477	103.189

12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - OtherNONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other NONE
13	Underwriting Invest Exh Pt 2D - A & H ReserveNONE

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE DC CHARTERED HEALTH PLAN, INC.

PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1 Cost Containment	2 Other Claim Adjustment	General Administrative	Investment	T
4	D 1/A 01	Expenses	Expenses	Expenses	Expenses	Total
1.	Rent (\$0 for occupancy of own building)					
2.	Salaries, wages and other benefits					
3.	Commissions (less \$0 ceded plus \$0 assumed)					
4.	Legal fees and expenses					
5.	Certifications and accreditation fees					
6.	Auditing, actuarial and other consulting services					
7.	Traveling expenses					
8.	Marketing and advertising		13,986	2,702,527		2,716,513
9.	Postage, express and telephone	2,115	65	403,626		405,806
10.	Printing and office supplies					
11.	Occupancy, depreciation and amortization					
12.	Equipment			33,939		33,939
13.	Cost or depreciation of EDP equipment and software					
14.	Outsourced services including EDP, claims, and other services	60,248	6,195	501,878		568,321
15.	Boards, bureaus and association fees					
16.	Insurance, except on real estate			383,712		383,712
17.	Collection and bank service charges					
18.	Group service and administration fees					
19.	Reimbursements by uninsured plans					
20.	Reimbursements from fiscal intermediaries					
21.	Real estate expenses					
22.	Real estate taxes					
23.	Taxes, licenses and fees:					
20.	23.1 State and local insurance taxes					
	23.2 State premium taxes					
	·					
	,					
0.4	23.5 Other (excluding federal income and real estate taxes)					
24.	Investment expenses not included elsewhere					
25.	Aggregate write-ins for expenses					
26.	TOTAL Expenses Incurred (Lines 1 to 25)					
27.	Less expenses unpaid December 31, current year					
28.	Add expenses unpaid December 31, prior year			1,665,406		2,303,036
29.	Amounts receivable relating to uninsured plans, prior year					
30.						
31.	TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus					
	30)	5,134,423	1,646,259	18,213,269	43,106	25,037,057
DETAI	LS OF WRITE-INS					
2501.						
2502.						
2503.						
2598.	Summary of remaining write-ins for Line 25 from overflow page					
	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)					

EXHIBIT OF NET INVESTMENT INCOME

	EXHIBIT OF NET INVESTMENT INCOM	<u>/ </u>	
		1	2
		Collected	Earned
		During Year	
1.	U.S. Government bonds	(a)	
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)		
1.3	Bonds of affiliates		
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans		
4.	Real estate	(d) 142,064	142,064
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 951,944	982,354
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	1,094,008	1,124,418
11.	Investment expenses		
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		43,106
17.	Net Investment income (Line 10 minus Line 16)		
DETAIL	LS OF WRITE-INS		
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above)		
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15, above)		
	des \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for		
(b) Inclu	des \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for	accrued dividends of	n purchases.
(c) Inclu	des \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for	accrued interest on	purchases.
(d) Inclu	des \$	orances.	nurchaeae
(f) Inclu	des \$0 accrual of discount less \$0 amortization of premium and less \$	accided interest on	purchases.
	des \$0 investment expenses and \$0 investment taxes, licenses and fees, excluding feder	al income taxes, atti	ributable to
segr	egated and Separate Accounts.		
	des \$0 interest on surplus notes and \$0 interest on capital notes. des \$0 depreciation on real estate and \$0 depreciation on other invested assets.		

EXHIBIT OF CAPITAL GAINS (LOSSES)

	EXHIBIT OF CAPITAL GAINS (LOSSES)						
		1	2	3	4	5	
				Total Realized		Change in	
		Realized Gain		Capital Gain	Change in	Unrealized Foreign	
		(Loss) on Sales	Other Realized	(Loss)	Unrealized Capital	Exchange Capital	
		or Maturity	Adjustments	(Columns 1 + 2)	Gain (Loss)	Gain (Loss)	
1.	U.S. Government bonds						
1.1	Bonds exempt from U.S. tax						
1.2	Other bonds (unaffiliated)						
1.3	Bonds of affiliates						
2.1	Preferred stocks (unaffiliated)						
2.11	Preferred stocks of affiliates						
2.2	Common stocks (unaffiliated)						
2.21	Common stocks of affiliates						
3.	Mortgage loans						
4.	Real estate		·				
5.	Contract loans						
6.	Cash, cash equivalents and short-term investments	IN U					
7.	Derivative instruments						
8.	Other invested assets						
9.	Aggregate write-ins for capital gains (losses)						
10.	Total capital gains (losses)						
DETA	AILS OF WRITE-INS						
0901							
0902							
0903							
0998	Summary of remaining write-ins for Line 9 from overflow page						
	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above)						
	, , , , ,		·		1		

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE DC CHARTERED HEALTH PLAN, INC.

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			
	3.2 Other than first liens			
1.	Real estate (Schedule A):			
•	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
	4.3 Properties held for sale			
.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term			
<i>J</i> .	investments (Schedule DA)			
3.	· ,			
). 7 _.	Contract loans Other invested exacts (Schodula RA)			
	Other invested assets (Schedule BA)			
3.	Receivables for securities			
9.	Aggregate write-ins for invested assets			
10.	Subtotals, cash and invested assets (Lines 1 to 9)			
11.	Title plants (for Title insurers only)			
12.	Invested income due and accrued			
13.	Premium and considerations:			
	13.1 Uncollected premiums and agents' balances in the course of collection			
	13.2 Deferred premiums, agents' balances and installments booked but deferred and			
	not yet due			
	13.3 Accrued retrospective premiums			
14.	Reinsurance:			
	14.1 Amounts recoverable from reinsurers			
	14.2 Funds held by or deposited with reinsured companies			
	14.3 Other amounts receivable under reinsurance contracts			
15.	Amounts receivable relating to uninsured plans			
16.1	Current federal and foreign income tax recoverable and interest thereon			
16.2	Net deferred tax asset			
17.	Guaranty funds receivable or on deposit			
18.	Electronic data processing equipment and software	600 107	512 721	/10/ 207
10. 19.	Furniture and equipment, including health care delivery assets	450,470	450.005	(5.647)
19. 20.				
/()	Net adjustment in assets and liabilities due to foreign exchange rates Receivables from parent, subsidiaries and affiliates			
			1889.078	[(2,627,340)
21.				(070 000)
21. 22.	Health care and other amounts receivable	633,146	353,916	
21. 22. 23.	Health care and other amounts receivable Aggregate write-ins for other than invested assets	633,146	353,916	
21. 22. 23.	Health care and other amounts receivable Aggregate write-ins for other than invested assets Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell		353,916 4,813,568	2,414,141
21. 22. 23. 24.	Health care and other amounts receivable Aggregate write-ins for other than invested assets Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)		353,916 4,813,568 7,881,885	2,414,141
21. 22. 23. 24.	Health care and other amounts receivable Aggregate write-ins for other than invested assets Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) From Separate Accounts, Segregated Accounts and Protected Cell Accounts			2,414,141
21. 22. 23. 24.	Health care and other amounts receivable Aggregate write-ins for other than invested assets Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)			2,414,141
21. 22. 23. 24. 25.	Health care and other amounts receivable Aggregate write-ins for other than invested assets Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) From Separate Accounts, Segregated Accounts and Protected Cell Accounts			2,414,141
21. 22. 23. 24. 25. 26. DETAI	Health care and other amounts receivable Aggregate write-ins for other than invested assets Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) From Separate Accounts, Segregated Accounts and Protected Cell Accounts Total (Lines 24 and 25)			2,414,141
21. 22. 23. 24. 25.	Health care and other amounts receivable Aggregate write-ins for other than invested assets Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) From Separate Accounts, Segregated Accounts and Protected Cell Accounts Total (Lines 24 and 25) LS OF WRITE-INS			(662,450)
21. 22. 23. 24. 25. 26. DETAI 0901.	Health care and other amounts receivable Aggregate write-ins for other than invested assets Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) From Separate Accounts, Segregated Accounts and Protected Cell Accounts Total (Lines 24 and 25) LS OF WRITE-INS			(662,450)
21. 22. 23. 24. 25. 26. DETAI 0901. 0902.	Health care and other amounts receivable Aggregate write-ins for other than invested assets Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) From Separate Accounts, Segregated Accounts and Protected Cell Accounts Total (Lines 24 and 25) LS OF WRITE-INS			2,414,14° (662,450
21. 22. 23. 24. 25. 26. DETAI 901. 902. 9903.	Health care and other amounts receivable Aggregate write-ins for other than invested assets Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) From Separate Accounts, Segregated Accounts and Protected Cell Accounts Total (Lines 24 and 25) LS OF WRITE-INS Summary of remaining write-ins for Line 9 from overflow page			(662,450
21. 22. 23. 24. 25. 26. 26. 2901. 2902. 2903. 2998.	Health care and other amounts receivable Aggregate write-ins for other than invested assets Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) From Separate Accounts, Segregated Accounts and Protected Cell Accounts Total (Lines 24 and 25) LS OF WRITE-INS Summary of remaining write-ins for Line 9 from overflow page TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)			(662,450
21. 22. 23. 24. 25. 26. DETAI 0901. 0902. 0998. 0999.	Health care and other amounts receivable Aggregate write-ins for other than invested assets Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) From Separate Accounts, Segregated Accounts and Protected Cell Accounts Total (Lines 24 and 25) LS OF WRITE-INS Summary of remaining write-ins for Line 9 from overflow page TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) DEPOSITS			
21. 22. 23. 24. 25. 26. DETAI 0901. 0902. 0998. 0999. 2301.	Health care and other amounts receivable Aggregate write-ins for other than invested assets Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) From Separate Accounts, Segregated Accounts and Protected Cell Accounts Total (Lines 24 and 25) LS OF WRITE-INS Summary of remaining write-ins for Line 9 from overflow page TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) DEPOSITS PREPAID EXPENSES			2,414,14 ² (662,450 (662,450
21. 22. 23. 24. 25. 26. DETAI	Health care and other amounts receivable Aggregate write-ins for other than invested assets Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) From Separate Accounts, Segregated Accounts and Protected Cell Accounts Total (Lines 24 and 25) LS OF WRITE-INS Summary of remaining write-ins for Line 9 from overflow page TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) DEPOSITS			2,414,141 (662,450) (662,450)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

			Tota	al Members at En	d of		6
		1	2	3	4	5	Current Year
		Prior	First	Second	Third	Current	Member
	Source of Enrollment	Year	Quarter	Quarter	Quarter	Year	Months
1.	Health Maintenance Organizations	80,923	83,080	85,276	87,217	88,407	1,025,122
2.	Provider Service Organizations						
3.	Preferred Provider Organizations						
4.	Point of Service						
5.	Indemnity Only						
6.	Aggregate write-ins for other lines of business						
7.	TOTAL			85,276	87,217	88,407	1,025,122
DETAIL	LS OF WRITE-INS						
0601.							
0602.							
0603.							
0698.	Summary of remaining write-ins for Line 6 from overflow page						
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

DC Chartered Health Plan, Inc. - Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial Statements of DC Chartered Health Plan (Chartered) are presented on the basis of accounting practices prescribed or permitted by the District of Columbia Department of Insurance, Securities and Banking (DISB). The DISB recognizes only statutory accounting practices prescribed or permitted by the District of Columbia (District) for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the District of Columbia Insurance Code. The DISB has adopted the National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* as a component of prescribed or permitted practices for the District. The DISB has the right to permit specific practices that deviate from prescribed practices. There is no deviation from the NAIC *Accounting Practices and Procedures Manual*.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the District of Columbia Department of Insurance, Securities and Banking is shown below:

		State of Domicile	<u>2009</u>	<u>2008</u>
1.	Net Income DC state basis	DC	(\$5,469,949)	\$4,193,095
2.	State Prescribed Practices (Income)	DC	\$0	\$0
3.	State Permitted Practices (Income)	DC	\$0	\$0
4.	Net Income, NAIC SAP	DC	(\$5,469,949)	\$4,193,095
5.	Statutory Surplus DC basis	DC	\$13,759,685	\$19,724,361
6.	State Prescribed Practices (Surplus):	DC	\$0	\$0
7.	State Permitted Practices (Surplus):	DC	\$0	\$0
8.	Statutory Surplus, NAIC SAP	DC	\$13,759,685	\$19,724,361

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of the financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policies

Chartered writes only Medicaid contracts primarily through a contract with the District of Columbia Department of Health (DOH). Medicaid premiums from the DOH are due monthly and are recognized as revenue during the period in which Chartered is obligated to provide service to members.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments None
- (2) Bonds not backed by other loans are stated at amortized cost using the scientific interest method.
- (3) Common Stocks are stated at market.

- (4) Preferred stocks None.
- (5) Mortgage loans on real estate None.
- (6) Loan-backed securities None.
- (7) Investments in subsidiaries, controlled or affiliated investments None.
- (8) Investments in joint ventures, partnerships and limited liability companies None
- (9) Derivatives instruments None.
- (10) Chartered does not carry a premium deficiency reserve and consequently does not utilize anticipated investment income as a factor in calculating a premium deficiency reserve.
- (11) Medical and hospital costs are accrued based on claims received but unpaid and an estimate for claims incurred but not yet received (IBNR). These estimates are projected through an actuarial model, which calculates the outstanding liability based on payment trends and membership. Chartered uses actuarially sound methodologies developed by its actuarial consultants, Ingenix, to calculate its medical liability. Claims and claims adjustment expenses are expensed as incurred. The Company establishes an unpaid claims liability for claims in the process of review and for claims incurred but not reported. The liability for claims incurred but not reported is actuarially estimated based on the most current historical claims experience, changes in number of members and participants and estimates of health care trend (cost, utilization and intensity of services) changes. Estimates for claims incurred but not reported are continually reviewed and revised as changes in these factors occur and revisions are reflected in the current year's statements of revenue and expenses.
- (12) Chartered has not modified its capitalization policy from the prior period.
- (13) Pharmacy rebate receivables are estimated based on the most currently available data from the Company's claims processing systems and from data provided by the Company's pharmaceutical benefit manager, Caremark.

2. Accounting Changes and Corrections of Errors

A. Material Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

- 5. Investments
 - A. Mortgage Loans None.
 - B. Debt Restructuring None.
 - C. Reverse Mortgages None.
 - D. Loan-Backed Securities None.

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE DC CHARTERED HEALTH PLAN, INC.

Notes to Financial Statements

- E. Repurchase Agreements None.
- F. Real Estate None.
- G. Low Income Housing Tax Credits None.

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. Chartered has no investments in joint ventures, partnerships, or limited liability companies.
- B. Not applicable.

7. Investment Income

A. Due and accrued income is excluded from surplus on the following bases:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

B. No investment income was excluded from the financial statements.

8. Derivative Instruments

None

9. Income Taxes

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

	<u>2009</u>	2008
Total of gross deferred tax assets	\$2,042,096	\$2,063,593
Total of gross deferred tax liabilities	\$0	\$0
Net deferred tax asset	\$2,042,096	\$2,063,593
Deferred Tax Asset nonadmitted	(\$1,138,765)	(\$1,158,778)
Net admitted deferred tax asset	\$903,331	\$904,815
Increase (decrease) in DTAs nonadmitted	(\$21,497)	\$97,136

B. Deferred tax liabilities are not recognized for the following amounts:

None

C. The provisions for incurred taxes on earnings for the years ended December 31 are:

	<u>2009</u>	<u>2008</u>
Federal	(\$3,281,722	\$2,362,911
Federal and foreign income tax taxes incurred	(\$3,281,722	\$2,362,911

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and deferred tax liabilities for the years ended December 31 are:

	2009	2008
Deferred Tax Asset:		
Accounts receivable principally related to allowance for doubtful accounts	-	\$0

Compensated absences, principally related to accrual for financial reporting purposes	\$67,072	\$67,554
Amortization of membership list	\$63,525	\$74,573
Straight line lease expense	\$97,115	\$96,336
Depreciation	\$994,808	\$1,158,458
Nonadmitted Assets	\$819,576	\$666,672
Total deferred tax assets	\$2,042,096	\$2,063,593
Nonadmitted deferred tax asset	(\$1,138,765)	(\$1,158,778)
Admitted deferred tax asset	\$903,331	\$904,815
Deferred tax liabilities:	\$0	\$0
Net admitted deferred tax asset	\$903,331	\$904,815

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of non-admitted assets as the Change in Non-Admitted Asset is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement).

	2009	2008	Change
Total deferred tax assets	\$2,042,096	\$2,063,593	(\$21,497)
Total deferred tax liabilities	\$0	\$0	\$0
Net deferred tax asset (liability)	\$2,042,096	\$2,063,593	(\$21,497)
Tax effect of unrealized gains (losses)			\$0
Change in net deferred income tax			(\$21,497)

The provision for federal and foreign income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

	2009	Effective Tax Rate
Provision computed at statutory rate	(\$3,426,709)	35%
State income taxes, net of federal benefit	134,533	
Other	(\$11,043)	
Total	(\$3,303,219)	
Federal and foreign income tax incurred	(\$3,281,722)	
Change in net deferred income taxes	(\$21,497)	
Total statutory income taxes	(\$3,303,219)	

- D. Not applicable.
- E. Not applicable.
- F. Chartered's is included in a consolidated federal income tax return with its parent company DC Healthcare Systems, Inc. The Company has a written agreement, approved by the Company's Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity that is a party to the consolidation.

10. Information Concerning Parent, Subsidiaries and Affiliates

A. – C. Chartered is a wholly owned subsidiary of DC Healthcare Systems, Inc (DCHSI). All outstanding shares of Chartered are owned by the parent company, DCHSI, a holding company domiciled in the District of Columbia. Chartered holds no assets or shares of stock of DCHSI.

DCHSI provides certain items to Chartered under an Administrative Services Agreement, further discussed below in F.

 \mathbf{R}

D. Chartered reported the following amounts due from or to related parties originating from activities in the normal course of business for the years ended December 31. Chartered bills all related party entities for any and all amounts owed to the Company excluding amounts due under the Inter-Company Tax Agreement Memorandum of Understanding at the end of each quarter. Billed amounts are due within 60 days of the billed date. Chartered bills the parent company, DCHSI, for any and all inter-company tax receivables resulting from the Inter-Company Tax Agreement Memorandum of Understanding on a semi-annual basis as of June 30 and December 31 of each year. DCHSI remits payment to the Company on these billed amounts within 60 days of the billed date. Any amounts not settled within these dates are nonadmitted.

		Gross R	<u>eceivable</u>
<u>Name</u>	Relationship	<u>2009</u>	<u>2008</u>
RapidTrans	Affiliate	0.00	1,328
Chartered Family Health Center, P.C.	Affiliate	41,448	43,215
DC HealthCare Systems, Inc.	Parent	6,933,316	1,189,078
		\$6,974,764	\$1,233,621

- E. None.
- F. Consulting Agreement

On May 18, 2000, Chartered entered into an agreement with DCHSI for technical and professional consulting services in connection with the HMO business and healthcare insurance business of Chartered. In exchange for these services received from DCHSI, Chartered is obligated to pay fees to DCHSI not to exceed \$825,000 each calendar year of the agreement. During 2001, the board of directors increased the fee to a contract ceiling of \$1.8 million, as a result of DCHSI's increased involvement in the management of Chartered. The term of the consulting agreement is three years and can be terminated by DCHSI at any time. Chartered recorded consulting expenses of \$0.00 and \$0.00 under the terms of this agreement for the years ended December 31, 2009 and 2008, respectively.

Office Lease Agreement

On August 8, 2003, Chartered entered into a lease agreement for office space at 1025 15th Street NW, Washington, DC to house its headquarters in a building owned by DC Healthcare Systems. The lease is a triple net lease for approximately 32,660 square feet of space at \$25 per square foot. It has a term of 10 years at an annual payment rate of \$816,500, plus a 2.5% annual increase on the base rent. The lease commences July 1, 2004.

G. Chartered is a wholly owned subsidiary of DCHSI. RapidTrans and the Health Center are affiliated Companies.

- H. The Company had no ownership in any upstream intermediate entities or ultimate parent companies owned.
- I. Investment in SCA: Not Applicable
- J. Investment in impaired SCA: Not Applicable
- K. Investment in Foreign Insurance Subsidiary None
- L. Investments in Downstream Noninsurance Holding Company None

11. Debt

A -B. Chartered has no capital note obligations.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Chartered adopted a 401(k) plan for its employees in April 2000. Employees are eligible to participate in the Plan if they are at least 21 years of age and have worked 90 days or longer at Chartered. Employees may contribute a certain percentage of eligible salary on a pre-tax basis. In 2004, Chartered decided to offer its employees a matching contribution up to 12% of each employee 401K 2004 annual contribution.

A. Defined Benefit Plan Not applicable.

B. Defined Contribution Plan Not applicable

C. Multi-employer Plans Not applicable

D. Consolidated/Holding Company Plans

Not applicable

E. Post-employment benefits and compensated absences Not Applicable

F. Impact of Medicare Modernization Act of Postretirement Benefits Not Applicable

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- (1) Chartered has 1,000 shares of common stock issued and outstanding at December 31, 2006 with a par value of \$0.10 each.
- (2) Chartered has not issued any preferred stock.
- (3) Chartered has no dividend restrictions other than imposed by statute.
- (4) DCCHP did not declare or pay dividend during 2009.
- (5) None.
- (6) There are no restrictions placed on Chartered's surplus.
- (7) Not Applicable..
- (8) Chartered has no stock held for special purposes.
- (9) Chartered had no changes in the balance of special surplus funds from the prior year.
- (10) Unassigned funds (surplus) were reduced in as follows:

Unrealized gains and losses:

ii. Non-admitted asset values: \$ 8,876,951

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE DC CHARTERED HEALTH PLAN, INC.

Notes to Financial Statements

iii. Separate account business:iv. Asset valuation reservesv. Provision for reinsurance:

- (11) Chartered did and does have any surplus notes issued or outstanding as of December 31, 2009.
- (12) No quasi-reorganizations have taken place as of December 31, 2009.
- (13) No quasi-reorganizations have taken place as of December 31, 2009.

14. Contingencies

A. Contingent Commitments

In the third quarter of 2008, Chartered executed a co-guarantor agreement with its parent company, DCHSI wherein the Chartered guaranteed a \$13,333,567 long term Bank Loan Payable (Loan). Chartered, DCHSI, and Cardinal Bank, an operating unit of Cardinal Financial Corporation, (NASDAQ: CFNL) executed an agreement under which Chartered serves as a co-guarantor on the loan and to collateralize the loan with specific securities currently held by Chartered.

The Loan originated from the settlement and dispute resolution agreement for contractual disputes with the Office of Attorney General for the District of Columbia, which required DCHSI to pay \$13,333,567. DCHSI financed the settlement payment through a \$13,000,000 long term Bank Loan Payable. Payments of interest only on the outstanding principal balance are due monthly through November 10, 2012, thereafter, payments of principal and interest will continue monthly through November 10, 2018, based on a 25 year amortization schedule. Interest is calculated at an annual fixed rate of 5.65% for the first five years, thereafter adjusting to a rate equal to the Federal Home Loan Bank 5 year Rate plus 1.50%. Chartered and the owner of DCHSI are coguarantors of the loan.

Pursuant to the Loan, Chartered is required to pledge investments in the amount of \$13,333,567 as collateral for the Loan. In the event that DCHSI defaults on or is not able to meet its obligations under the provisions of the Loan, the owner of DCHSI has executed an Indemnification Agreement to irrevocably and unconditionally hold Chartered harmless and indemnify Chartered for any monies that Chartered is or may be obligated to pay under the guaranty agreement and pledge and security agreement, including but not limited to any liquidation of the pledged collateral.

Management concluded that the \$13,333,567 pledged investment is an admitted asset under Statement of Statutory Accounting Principles 91R, Accounting for Servicing of Financial Assets and Extinguishment of Liabilities (SSAP 91R), paragraph No. 14, Secured Borrowings and Collateral, and Interpretation 01-31, Assets Pledged as Collateral (INT-01-31). Management communicated with the Department of Insurance, Securities and Banking of the District of Columbia which determined that the pledged investments, referred to above, should be classified as admitted assets. Accordingly, the \$13,333,567 of pledged investments is included as certificates of deposit, pledged in the accompanying statements of admitted assets, liabilities, and capital and surplus at December 31, 2008.

In addition to the Settlement Agreement, DCHSI, Chartered, and the owner of DCHSI entered into a Letter Agreement (Agreement) with the District of Columbia that requires DCHSI, Chartered, and the owner of DCHSI to make contributions to the District of Columbia Department of Health's Immunization Program and several other not-for-profit organizations, including the District of Columbia Public Education Fund, of approximately \$1,050,000 each year for a period of five years beginning January 1, 2009. Under the Agreement, these contributions will be made subject to the following conditions being met:

- (1) The funds received by the various organizations from the previous year were used for the purposes outlined in the Agreement,
- (2) The submission of a report that demonstrates that the funds were expended in compliance with the Agreement, and
- (3) Chartered and DCHSI are able to maintain "normal operations" during that year.

Therefore, if the District fails to use the funds provided as required, the District is unable to account for related expenditures, or either Chartered or DCHSI suffer adverse financial circumstances, the commitments become void or are subject to renegotiation. Management believes that there is more than a remote likelihood that the above mentioned conditions will not be met as of December 31, 2008, and accordingly has not accrued a liability. Chartered will record the expense in the period in which the payments are made.

B. - E. - None

15. Leases

- A. Lessee Operating Lease
 - (1) Chartered is obligated under several non-cancelable operating leases for office space and office equipment. Total rent expense was \$1,110,765 and \$979,084 and for the years ended December 31,2009 and 2008, respectively.
 - (2) At January 1 2009, the minimum aggregate rental commitments are as follows:

2009	912,533
2010	935,347
2011	958,730
2012	982,698
2013	1,007,266
2014	509,851
2015	-
Thereafter	-0-

The Company is not involved in any material sales-leaseback transactions

- B. Lessor Leases Not Applicable
- 16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With

Concentrations of Credit Risk

Not applicable.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans

On April 9, 2001, Chartered entered into an agreement with Greater Southeast Community Hospital Corporation (GSCHC) to provide administrative services to the DC Department of Health (DOH) as a subcontractor to GHCSC. GHCSC was selected by the District of Columbia to develop and implement a program to provide comprehensive, integrated, and coordinated health care services for the uninsured population of the District of Columbia. Under the terms of the agreement, Chartered is expected to maintain and administer a network of healthcare providers, provide for the enrollment of eligible individuals in the program, provide general administrative services including claims administration, and provide quality and utilization management services for the program.

The agreement also provides for a network service fee to be paid to Chartered based on the profits from certain

categories of healthcare services, including ambulatory surgery, other outpatient hospital visits, community clinic services, physician services, and dental services. The effective date of the agreement is June 1, 2001. The agreement extends through May 31, 2006 and may be terminated at any time upon mutual consent of the parties. The agreement also allows for an automatic renewal period of two additional two-year terms, unless the parties terminate the agreement in writing 180 days prior to the expiration of each renewal date.

On May 2, 2003, Modification No. 8 to the Agreement between the District of Columbia, Financial Responsibility and Management Assistance Authority and GSCHC was approved by the District of Columbia City Council. This Modification effectively removed GSCHC from its role as prime contractor and assigned their responsibilities to the Department of Health (DOH). Chartered sub-contract was assigned to DOH from GSCHC. Chartered direct responsibilities to DOH increased in the areas of task order requisition funding, establishing and maintaining an Alliance bank account and data analysis and reporting.

This ASO agreement expired on May 31, 2006, the pre-tax income (loss) from this program for the year ended December 31, 2009 was \$0.00.

The gain from operations from ASO the uninsured plan was as follows:

		AMOUNT
a.	Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$ 0.00
b.	Total net other income or expenses (including interest paid to or received from plans)	-0-
c.	Net gain or (loss) from operations	\$0.00
d.	Total Claim Payment Volume	-

On June 1, 2006, the uninsured program was shifted from an ASO program to a risk program by DOH. Chartered was one of 2 Health Plans that participated with this program. For the 12 months ending 12/31/09, Chartered provided at-risk coverage to 240,577 member months that resulted in additional revenue of \$ 47.0 million.

B. The Company had no ASC or Uninsured Governmental Plans

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable.

20. Other Items

- A. Extraordinary Items Not Applicable
- B. Troubled Debt Restructuring: Debtors Not Applicable
- C. Other Disclosures Not Applicable
- D. Disclose the nature of any portion of the balance that is reasonably possible to be uncollectible for assets covered by SSAP No. 6, Uncollected Premium Balances, Bills Receivable for Premiums, and Amounts Due From Agents and Brokers, SSAP No. 47, Uninsured Plans, or SSAP No. 66, retrospectively Rated Contracts. Not Applicable
- E. Business Interruption Insurance Recoveries Not Applicable
- F. State Transferable Tax Credits Not Applicable
- G. Subprime-Mortgaged-Related Risk Exposure None

21. Events Subsequent -None

22. Reinsurance

- A. Reinsurance Ceded None
- B. Uncollectible Reinsurance None
- C. Commutation of Ceded Reinsurance None

23. Retrospectively Rated Contracts & Contracts Subject to Redetermination

The District's performance based incentives program Department of Health Care Finance Incentive Program ("DCHF Incentive Program") is designed to motivate health plans to meet and exceed performance benchmarks on clinical care, access-to-care and administrative functions, as well as patient satisfaction. Performance incentives are awarded on the basis of a Contractor's total points earned in each of four domains: clinical performance, access to care, patient satisfaction, and administrative performance. Contractors are subject to the DHCF Incentive Program and are scored and receive incentive awards. During the 2009 contract year, DHCF withheld one percent (1%) of the approved capitation payment from Chartered in the amount of \$1.3M which Chartered is eligible to receive a portion or all of the withheld funds based on Contractor's performance. Chartered has estimated its reimbursement in the amount of \$0.6 M.

Chartered has estimated its accrued retrospective premium adjustment based on the requirements identified by the DHCF Incentive Program. Accordingly Chartered has estimated and recorded \$0.6M of accrued retrospective premiums as an adjustment to written premiums.

The amount of net written premiums by Chartered at December 31, 2009 that are subject to retrospective rating features are \$182.6M (80%) for the District's Medicaid and Alliance Dental Benefits Program.

24. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2008 were \$21.3M for unpaid claims and \$0.6M for unpaid claims adjustment expenses. As of December 31, 2009, \$23.6 million and \$0.7M has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Therefore there has been a \$2.4 million unfavorable prior year development since December 31, 2008 to December 31, 2009. There are no additional reserves remaining for prior years due to the short-term nature of the Company's Medicaid line of business.

The unfavorable development is generally the result of excessive claims for the District's Medicaid and Alliance Dental Benefits Program. Ongoing discussions with the District Department of Health Care Finance are currently underway to establish higher reimbursement rates for such claims.

25. Intercompany Pooling Arrangements

Not Applicable.

26. Structured Settlements

Not applicable for Health entities.

27. Health Care Receivables

A. Pharmacy Rebate Receivable:

The Company recorded \$0.2M of pharmacy rebate receivables from its Pharmacy Benefit Manager, Caremark. The entire amount was non-admitted per guidance in SSAP No. 84 – Certain Health Care Receivables and Receivables Under Government Insured Plans.

B. Risk Sharing Receivables

Not Applicable.

28. Participating Policies

Not Applicable.

29. Premium Deficiency Reserves

As of 12/31/09, the Company did not have any liability related to premium deficiency reserves. The Company did not consider anticipated investment income when calculating its premium deficiency reserves.

30. Anticipated Salvage and Subrogation

Chartered's subrogation recoveries have historically been immaterial, as a result of the population served. Plan members are almost entirely TANF recipients eligible only for Medicaid health coverage. Recoveries typically result from non-routine healthcare matters, such as auto accidents. During the years ended December 31, 2009 and 2008, Chartered recorded the following subrogation recoveries as reductions in medical costs:

Line of Business	2009	2008
Medicaid	\$0	\$0
Commercial	\$0	\$0
Total	\$0	\$0

Chartered reduces its loss reserves for anticipated subrogation recoveries.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.2	 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model 					Yes[X] No[]			
!	Insurance Holding	Company System	n Regulatory Act and model regulants substantially similar to those r	ations pertainin	ng there	eto, or is the repo	rting entity súbject	to	Yes[X] No[] N/A[] Dist. of Columbia
2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?2.2 If yes, date of change:						Yes[] No[X]			
3.1	State as of what da	te the latest finan	ncial examination of the reporting	entity was mad	de or is	being made.			12/31/2007
	This date should be	e the date of the e	nancial examination report became examined balance sheet and not t	he date the rep	oort wa	s completed or re	leased.	•	12/31/2007
(or the reporting ent	ite the latest finan ity. This is the rel	ncial examination report became a ease date or completion date of the	available to oth he examination	er state report	es or the public from the date	om either the state of the examination	of domicile n (balance	40/24/2000
3.4	sheet date). By what departmer			CUIDITIES DE		TION			12/31/2008
3.5	Have all financial s	tatement adjustm	TMENT OF INSURANCE AND SE ents within the latest financial exa				a subsequent fina	ncial	VoolVI Nol I N/Al I
3.6	statement filed with Have all of the reco	mmendations wit	thin the latest financial examination	on report been	compli	ed with?			Yes[X] No[] N/A[] Yes[X] No[] N/A[]
	combination thereo	f under common	atement, did any agent, broker, sa control (other than salaried emplo 20 percent of any major line of bu	yees of the rep	porting	entity) receive cr	edit or commission	on or any s for or	
4	1.11 sales of new b		, , , , , , , , , , , , , , , , , , ,			,			Yes[] No[X] Yes[] No[X]
4.2	During the period of affiliate, receive cre	overed by this standing or commission	atement, did any sales/service org ns for or control a substantial part	ganization own (more than 20	ed in w perce	hole or in part by nt of any major lin	the reporting entity e of business mea	y or an Isured on	
4	direct premiums) of 1.21 sales of new b								Yes[] No[X]
	I.22 renewals?								Yes[] No[X]
5.2	If yes, provide the r	name of the entity	to a merger or consolidation duri NAIC company code, and state rger or consolidation.	of domicile (us	covered se two	d by this statemer letter state abbrev	nt? viation) for any enti	ty that has	Yes[] No[X]
			1			2		3	
			Name of Entity		NAI	C Company Code	e Stat	e of Domicile	
:	Has the reporting e suspended or revol If yes, give full info	ked by any goveri	tificates of Authority, licenses or r nmental entity during the reporting	registrations (in g period?	ncluding	g corporate regist	ration, if applicable	e)	Yes[] No[X]
		non-United States	s) person or entity directly or indire	ectly control 10	% or m	nore of the reporti	ng entity?		Yes[] No[X]
7	If yes, 7.21 State the perc	entage of foreign	control						0.000
7	22 State the national attorney-in-fac	onality(s) of the fo tt and identify the	reign person(s) or entity(s); or if the type of entity(s) (e.g., individual, or	he entity is a m corporation, go	overnm	or reciprocal, the r ent, manager or a	nationality of its ma uttorney-in-fact)	inager or	
			1				2		
			Nationality			-	Type of Entity		_
8.1 8.2	Is the company a s	subsidiary of a ba	nk holding company regulated by ntify the name of the bank holding	the Federal Ro	eserve	Board?			Yes[] No[X
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? 8.4 If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e., the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator. 						Yes[] No[X			
		1	2	3		4	5	6	7
	Affiliat	e Name	Location (City, State)	FRB		occ	OTS	FDIC	SEC

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC
		Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]

- 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? KPMG, 1660 INTERNATIONAL DRIVE, MCLEAN, VA
- 10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? INGENIX CONSULTING, 12125 TECHNOLOGY DRIVE, EDEN PRAIRIE, MN
- 11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?
 11.11 Name of real estate holding company
 11.12 Number of parcels involved
 11.13 Total book/adjusted carrying value
 11.2 If yes, provide explanation

Yes[] No[X]

12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
12.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

12.3 Have there been any changes made to any of the trust indentures during the year?

Yes[] No[] N/A[X] Yes[] No[] N/A[X]

GENERAL INTERROGATORIES (Continued)

12.4	If answer to (12.3) is yes, has the domiciliary or entry state approved the changes?	A TORILS (Continued)	Yes[] No[] N/A[X]
	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional		Yes[X] No[]
	relationships; b. Full, fair, accurate, timely and understandable disclosure in the periodic reports rec. Compliance with applicable governmental laws, rules and regulations; d. The prompt internal reporting of violations to an appropriate person or persons idea e. Accountability for adherence to the code.		
13.2 13.21 13.3	 If the response to 13.1 is No, please explain: Has the code of ethics for senior managers been amended? If the response to 13.2 is Yes, provide information related to amendment(s). Have any provisions of the code of ethics been waived for any of the specified officer If the response to 13.3 is Yes, provide the nature of any waiver(s). 	s?	Yes[] No[X] Yes[] No[X]
	BOARD OF DI Is the purchase or sale of all investments of the reporting entity passed upon either by thereof?		Yes[X] No[]
	Does the reporting entity keep a complete permanent record of the proceedings of its Ethereof?	Board of Directors and all subordinate committees	Yes[X] No[]
	Has the reporting entity an established procedure for disclosure to its board of director part of any of its officers, directors, trustees or responsible employees that is in conflict person?	s or trustees of any material interest or affiliation on the tor is likely to conflict with the official duties of such	Yes[X] No[]
	FINANC		
	Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles)?		Yes[] No[X]
	Total amount loaned during the year (inclusive of Separate Accounts, exclusive of pol 18.11 To directors or other officers 18.12 To stockholders not officers	icy loans):	\$0 \$0
18.2	18.13 Trustees, supreme or grand (Fraternal only) Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exc	lusive of policy loans):	\$0
	18.21 To directors or other officers18.22 To stockholders not officers18.23 Trustees, supreme or grand (Fraternal only)		\$
19.2	Were any assets reported in this statement subject to a contractual obligation to trans obligation being reported in the statement? If yes, state the amount thereof at December 31 of the current year: 19.21 Rented from others	fer to another party without the liability for such	Yes[] No[X]
	19.22 Borrowed from others 19.23 Leased from others 19.24 Other		\$. 0 \$. 0 \$. 0
20.2	Does this statement include payments for assessments as described in the Annual St guaranty association assessments? If answer is yes:	atement Instructions other than guaranty fund or	Yes[] No[X]
	20.21 Amount paid as losses or risk adjustment 20.22 Amount paid as expenses 20.23 Other amounts paid		\$
21.1 21.2	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates If yes, indicate any amounts receivable from parent included in the Page 2 amount:	s on Page 2 of this statement?	Yes[X] No[] \$ 5,996,651
	INVESTM	IENT	
22.2 22.3	Were all the stocks, bonds and other securities owned December 31 of current year, of the actual possession of the reporting entity on said date? (other than securities lending If no, give full and complete information, relating thereto: For security lending programs, provide a description of the program including value for whether collateral is carried on or off-balance sheet, (an alternative is to reference No	ng programs addressed in 22.3) r collateral and amount of loaned securities, and	Yes[X] No[]
22.422.5	Does the Company's security lending program meet the requirements for a conforming Instructions? If answer to 22.4 is YES, report amount of collateral If answer to 22.4 is NO, report amount of collateral	g program as outlined in the Risk-Based Capital	Yes[] No[] N/A[X] \$0 \$0
23.2	Were any of the stocks, bonds or other assets of the reporting entity owned at Decem control of the reporting entity, or has the reporting entity sold or transferred any assets force? (Exclude securities subject to Interrogatory 19.1 and 22.3). If yes, state the amount thereof at December 31 of the current year:	ber 31 of the current year not exclusively under the subject to a put option contract that is currently in	Yes[X] No[]
	23.21 Subject to repurchase agreements 23.22 Subject to reverse repurchase agreements 23.23 Subject to dollar repurchase agreements 23.24 Subject to reverse dollar repurchase agreements		\$ 0 \$ 0 \$ 0 \$ 0
	23.25 Pledged as collateral 23.26 Placed under option agreements 23.27 Letter stock or securities restricted as to sale 23.28 On deposit with state or other regulatory body 23.29 Other		\$
	For category (23.27) provide the following:		
	1 Nature of Restriction	2 Description	3 Amount
24.2	Does the reporting entity have any hedging transactions reported on Schedule DB? If yes, has a comprehensive description of the hedging program been made available If no, attach a description with this statement.	to the domiciliary state?	Yes[] No[X] Yes[] No[] N/A[X]

26.1

Yes[] No[X] \$.....0

25.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?25.2 If yes, state the amount thereof at December 31 of the current year.

- GENERAL INTERROGATORIES (Continued)

 Excluding items in Schedule E Part 3 Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping agreements of the NAIC Financial Condition Examiners Handbook?
- 26.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[]

1	2
Name of Custodian(s)	Custodian's Address
	8270 GREENSBORO DR. STE 500, MCLEAN, VA 22102

26.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year? 26.04 If yes, give full and complete information relating thereto:

Yes[] No[X]

1	2	3	Δ
'	_	"	
Old Custodian	New Custodian	Date of Change	Reason
Old Gustodian	146W Gastodian	Date of Change	11003011

26.05 Identify all investment advisers, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration		
Depository Number(s)	Name	Address

27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?
 27.2 If yes, complete the following schedule:

Yes[] No[X]

1	2	3
		Book/Adjusted
CUSIP#	Name of Mutual Fund	Carrying Value
27 2999 Total		

27.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
		Amount of	
		Mutual Fund's	
		Book/Adjusted	
		Carrying Value	
Name of Mutual Fund	Name of Significant Holding	Attributable to	Date of
(from above table)	of the Mutual Fund	the Holding	Valuation

Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1	2	3
				Excess of
				Statement over
				Fair Value (-), or Fair Value over
		Statement	Fair	or Fair Value over
		(Admitted) Value	Value	Statement (+)
28.1	Bonds			
28.2	Preferred stocks			
28.3	Totals			

- 28.4 Describe the sources or methods utilized in determining the fair values

Yes[] No[X] Yes[] No[] N/A[X]

29.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?
29.2 If yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

29.3 If no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

Yes[X] No[]

30.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

30.2 If no, list exceptions:

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE DC CHARTERED HEALTH PLAN, INC.

GENERAL INTERROGATORIES (Continued)OTHER

	1	2	
	Name	Amount Paid	
32.2 List the name o	nents for legal expenses, if any? The firm and the amount paid if any such payments represented 25% or more of the total payments for legal experted by this statement.		324,980
	1	2	
	Name	Amount Paid	
	ivalle	7 tillodilt i did	
	JULYAN & JULYAN	144,000	
		144,000	
33.2 List the name o	JULYAN & JULYAN		(

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

1.1	Does the report If yes, indicate	ting entity	r have any direct Medicare Supplement Insurance in force? earned on U.S. business only: 2) is not reported on the Medicare Supplement Insurance Experience Exhibit?		\$	Yes[] No[X]		
1.31 Reason for excluding: 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.						0		
 1.5 Indicate total incurred claims on all Medicare Supplement insurance. 1.6 Individual policies - Most current three years: 1.61 Total premium earned 								
	1.62 Total incu 1.63 Number o	rred clain of covered	ns		\$	0		
	1.64 Total pren 1.65 Total incu	nium ear rred clain	ned ns		\$	0		
1.7	1.71 Total pren	- Most cu nium ear	rrent three years: ned		\$	0		
	1.72 Total incu 1.73 Number o	rred clain of covered	ns		\$	0		
	1.74 Total pren 1.75 Total incu 1.76 Number o	nium ear rred clain	ned		\$	0		
2.	Health Test	ii coverec	i iives			0		
				1	2]		
		2.1	Promium Numerator	Current Year 229,536,215	Prior Year 180,992,061			
		2.1	Premium Numerator Premium Denominator					
		2.3	Premium Ratio (2.1 / 2.2)		1.000			
		2.4	Reserve Numerator Reserve Denominator					
		2.6	Reserve Ratio (2.4 / 2.5)			_		
						1		
	Has the reportir the earnings of If yes, give part	the repor	received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed ting entity permits?	will be returned when,	as and if	Yes[] No[X]		
	the appropriate	regulato	ments stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers by agency?		iled with	Yes[X] No[]		
	If not previously	filed fur	nish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offere have stop-loss reinsurance?	1 ?		Yes[] No[X] Yes[X] No[]		
5.2	If no, explain:	•	see instructions):					
	5.31 Comprehe 5.32 Medical C	ensive M			\$ \$	750,000 0		
	5.33 Medicare 5.34 Dental & \	Vision			\$ \$	0		
	5.35 Other Limited Benefit Plan \$							
6.	provisions, conv PROVIDERS'	version p AGREEN	thich the reporting entity may have to protect subscribers and their dependents against the risk of insolverivileges with other carriers, agreements with providers to continue rendering services, and any other again the contained HEALTH PLAN HAS ACQUIRED	reements:		THE STOP LOSS		
	Does the report If no, give detail	ting entity	set up its claim liability for provider services on a service date base?			Yes[X] No[]		
8.	8.1 Number of	providers	ormation regarding participating providers: s at start of reporting year			3,335		
8.2 Number of providers at end of reporting year 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes[]N								
9.2	If yes, direct pre 9.21 Business	emium ea with rate	rned: guarantees between 15-36 months			0		
10 -			guarantees over 36 months ty have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?			Yes[] No[X]		
	2 If yes:	-	nt payable bonuses		\$	0		
	10.23 Maximu	m amour	paid for year bonuses nt payable withholds		\$	0		
11 -		•	paid for year withholds		\$	0		
	1 Is the reporting 11.12 A Medic 11.13 An Indiv	al Group idual Pra	Staff Model, ictice Association (IPA), or,			Yes[] No[X] Yes[] No[X]		
11 1	11.14 A Mixed	l Model (d	combination of above)? ubject to Minimum Net Worth Requirements?			Yes[] No[X] Yes[X] No[]		
11.3	3 If yes, show th	ne name o	of the state requiring such net worth.			restvi not i		
11.4	DISTRICT OF 4 If yes, show th				\$	4,590,724		
11.6 11.6	6 If the amount i	is calcula	as part of a contingency reserve in stockholder's equity? ted, show the calculation. 00 or 2% of 2008 Revenue of \$229,536,215 \$229,536,215 x .02= \$ 4,590,724			4,590,724 Yes[] No[X]		
12.			ich the reporting entity is licensed to operate:					
			1					
			Name of Service Area DISTRICT OF COLUMBIA					
40	4 D					V. (11) 02		
13.2	2 If yes, please	provide tl	ian for health savings accounts? ne amount of custodial funds held as of the reporting date: nistrator for health savings accounts?		\$	Yes[] No[X] 0 Yes[] No[X]		
13.4	4 If yes, please	provide th	nistrator for nearth savings accounts? ne balance of the funds administered as of the reporting date:		\$	0		

FIVE-YEAR HISTORICAL DATA

	1	2	3	4	5
DALANOE OUEET (D	2009	2008	2007	2006	2005
BALANCE SHEET (Pages 2 and 3)	44 404 574	44 400 500	44 505 400	42 024 000	20,000,000
1. TOTAL Admitted Assets (Page 2, Line 26)					
2. TOTAL Liabilities (Page 3, Line 22)					
3. Statutory surplus					
4. TOTAL Capital and Surplus (Page 3, Line 31)	13,759,685	19,724,361	21,619,762	20,226,717	15,365,367
INCOME STATEMENT (Page 4)	000 500 045	400 000 004	405 400 707	404 407 000	00.004.000
5. TOTAL Revenues (Line 8)		180,992,061			
6. TOTAL Medical and Hospital Expenses (Line 18)					
7. Claims adjustment expenses (Line 20)					
8. TOTAL Administrative Expenses (Line 21)					
9. Net underwriting gain (loss) (Line 24)	·				
10. Net investment gain (loss) (Line 27)					
11. TOTAL Other Income (Lines 28 plus 29)	154,829		176,672	495,090	
12. Net income or (loss) (Line 32)	(5,469,949)	4,193,095	5,464,239	6,005,007	3,633,950
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	2,172,282	6,328,608	5,352,291	4,971,071	4,468,762
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	13,759,685	18,084,726	21,619,762	20,226,717	15,365,367
15. Authorized control level risk-based capital	9,053,105	6,168,391	5,544,578	4,377,760	3,212,470
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	88,407	80,923	63,309	59,460	38,578
17. TOTAL Members Months (Column 6, Line 7)	1,025,122	846,705	743,648	593,006	461,283
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line					
19)	93.5	83.9	82.3	82.0	80.9
20. Cost containment expenses	2.3	1.9	2.4	2.5	1.5
21. Other claims adjustment expenses	0.7	0.7	0.6	1.2	1.7
22. TOTAL Underwriting Deductions (Line 23)	104.4	97.1	96.4	95.1	95.5
23. TOTAL Underwriting Gain (Loss) (Line 24)	(4.4)	2.9	3.6	4.9	4.5
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	23,563,824	15,593,835	17,126,968	11,924,254	11,826,662
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	21,254,320	20,181,467	19,695,242	13,420,898	12,846,172
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA					
Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes[] No[X] N/A[]

If no, please explain::

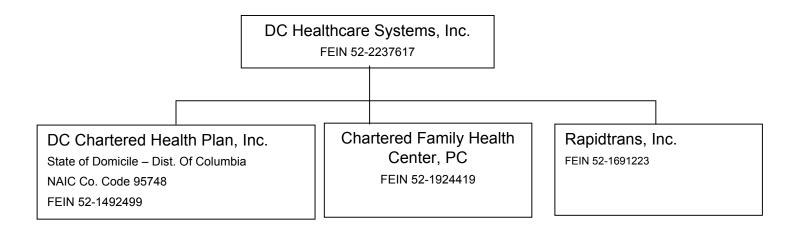
ANNUAL STATEMENT FOR THE YEAR 2009 OF THE DC CHARTERED HEALTH PLAN, INC. SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS **ALLOCATED BY STATES AND TERRITORIES**

			ALLU	CAIED DI	STATES A					
		1	2	3	4	Direct Bus 5	siness Only 6	7	8	9
			2	3	4	Federal	Life & Annuity	,	0	9
			Accident			Employees Health	Premiums &	Property/	Total	
		Active	& Health	Medicare	Medicaid	Benefits Program	Other	Casualty	Columns	Deposit - Type
	State, Etc.	Status	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 Through 7	Contracts
1	Alabama (AL)	1								
	Alaska (AK)									
	Arizona (AZ)									
1	Arkansas (AR)	1								
	California (CA)									
	Colorado (CO)									
7.	Connecticut (CT)	N								
	Delaware (DE)				183,808,398				020 042 040	
	District of Columbia (DC)		47,005,514						230,813,912	
11.	Florida (FL)	IN								
	Hawaii (HI)									
1	Idaho (ID)									
1	Illinois (IL)									
	Indiana (IN)									
16.	lowa (IA)	N N								
	Kansas (KS)									
	Kentucky (KY)				[
	Louisiana (LA)									
20.	Maine (ME)	N								
	Maryland (MD)									
	Massachusetts (MA)									
	Michigan (MI)									
	Minnesota (MN)									
	Mississippi (MS)									
	Missouri (MO)									
27.	Montana (MT)	N								
	Nebraska (NE)									
29.	Nevada (NV)	N								
	New Hampshire (NH)									
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
	New York (NY)									
	North Carolina (NC)									
	North Dakota (ND)									
	Ohio (OH)									
	Oklahoma (OK)									
	Oregon (OR)									
	Pennsylvania (PA)									
	Rhode Island (RI)									
	South Carolina (SC)									
	South Dakota (SD)									
	Tennessee (TN)									
	Texas (TX)									
	Utah (UT) Vermont (VT)									
	Virginia (VA)									
48.	Washington (WA)	N								
	West Virginia (WV)									
	Wisconsin (WI)									
	Wyoming (WY)									
52.	American Samoa (AS)	N								
	Guam (GU)									
	Puerto Rico (PR)									
	U.S. Virgin Islands (VI)									
	Northern Marianas Islands									
	(MP)	N								
	Canada (CN)									
1	Aggregate other alien (OT)	1								
	Subtotal	XXX	47,005,514		183,808,398				230,813,912	
	Reporting entity contributions									
1	for Employee Benefit Plans	XXX								
	TOTAL (Direct Business)	(a) 1	47,005,514		183,808,398				230,813,912	
	ILS OF WRITE-INS									
5801.		XXX								
5802.		XXX								
5803.		XXX								
1	Summary of remaining									
	write-ins for Line 58 from									
	overflow page	XXX								
	TOTALS (Lines 5801 through									
	5803 plus 5898) (Line 58									
L	above)	XXX								
(a) laaa		ant tar Ca								

(a) Insert the number of L responses except for Canada and Other Alien. Explanation of basis of allocation of premiums by states, etc.:

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



INDEX TO HEALTH ANNUAL STATEMENT

Assets 2 Zash Flow 6 6 Exhibit 1 - Enrollment By Product Type for Health Business Only 17 Exhibit 2 - Accident and Health Premiums Due and Unpaid 18 Exhibit 3 - Health Care Receivables 19 Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus 20 Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates 21 Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates 22 Exhibit 7 - Part 1 - Summary of Transactions With Providers 23 Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries 23 Exhibit 6 - Furniture, Equipment and Supplies Owned 24 Exhibit of Net Investment Income 15 Exhibit of Nonadmitted Assets 16 Exhibit of Premiums, Enrollment and Utilization (State Page) 29 Eive-Year Historical Data 28 Seneral Interrogatories 26 Jurat Page 1 Jurat Page 1 Schedule A - Part 1 E01 Schedule A - Part 2 E02 Schedule A - Part 3 E03 Schedule A - Part 3 E03 Schedule B - Part 1 E04 </th
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